

**"Show-Me Muskie Project"**  
**Enrollment Form**

Angler's Name (please print) \_\_\_\_\_

Mailing Address (and zip) \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

How would you rate your current muskie fishing proficiency and experience? (circle one)

Note: It is difficult for some of us to "categorize" ourselves, but it is very important that you honestly select the choice which is closest to describing you at this point in time.

- A. Highly skilled and very experienced
- B. Moderately skilled with "some" or "lots" of experience
- C. Relatively unskilled, or inexperienced, or both

Are you a Muskies, Inc. member? (circle one) YES NO

If not, would you like to be contacted by Muskies, Inc.? (circle one) YES NO

Please return to:

Mike Anderson  
Muskellunge Program Coordinator  
Missouri Department of Conservation  
3500 South Baltimore  
Kirksville, MO 63501  
660/785-2424, ext. 235  
Michael.Anderson@mdc.mo.gov